

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 23 PM 4:03

12/27



LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership B & J DEVELOPMENT LIMITED PARTNERSHIP OF OHIO	1a. DOCUMENT # B93000000267
---	--

Mailing Address 212 EAST THIRD STREET, SUITE 300 CINCINNATI OH 45202	Principal Office Address 212 EAST THIRD STREET, SUITE 300 CINCINNATI OH 45202	3. Date Formed or Registered 06/23/1993	5a. Capital Contributions as Shown on record. \$0.00
		3a. Date of Last Report 11/13/1995	5b. Amount of Capital Contributions in FLORIDA to date: 0.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation OH	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 31-6166404	
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent HAFELE, DALE G 12995 SOUTH CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) AYERS DEVELOPMENT CORPORATIO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 212 EAST THIRD STREET	11b. City, State & Zip Code CINCINNATI OH 45202	11c. Registration/Document Number F93000000955
900002041219-4 -12/30/95--01051-013 ****191.25 ****191.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *John F. Rodrall* _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)